

# BRACKEN COUNTY WATER DISTRICT

POST OFFICE BOX 201  
1324 BROOKSVILLE GERMANTOWN RD  
BROOKSVILLE KY 41004  
(606) 735-3513

## REQUEST FOR SERVICE AND AGREEMENT TO PAY FOR SERVICE AND ABIDE BY RULES

The undersigned hereby request water service at the following location:\_\_\_\_\_

The requisite turn on / reconnect fee (\$40.00) and deposit (\$100.00) are tendered herewith.

The undersigned states that he or she is not now delinquent in any account with Bracken County Water District.

The undersigned acknowledges that a copy of the current tariffs applicable to Bracken County Water District were made available to him or her; that he or she will pay the amount specified by said tariffs for water service; and that he or she will abide by the rules and regulations of Bracken County Water District as set out in the tariffs mentioned above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTOMER

FOR CLERK:

Turn on/Reconnect Fee Paid \$ 40.00 Billing Name \_\_\_\_\_

Account # \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Meter # \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICE MANAGER/ OFFICE ASSISTANT

TARIFF BRANCH  
**RECEIVED**

8/19/2015

This institution is an equal opportunity provider and employer.

PUBLIC SERVICE  
COMMISSION  
OF KENTUCKY